AMENDMENTS TO THE SPECIFICATION

Please replace the paragraph on page 1, under the section entitled CROSS-REFERENCE TO RELATED APPLICATIONS, with the following rewritten paragraph:

This is a Divisional of U.S. Application No. 09/547,788, filed April 12, 2000, which is now abandoned, which claims priority from U.S. Provisional Application No. 60/128,860, filed April 12, 1999. The contents of these applications are incorporated herein by reference.

Please replace the paragraph on page 30, lines 1-12, with the following rewritten paragraph:

As discussed above, redundancy in the genetic code permits variation in 30P3C8 gene sequences. In particular, one skilled in the art will recognize specific codon preferences by a specific host species and can adapt the disclosed sequence as preferred for a desired host. For example, preferred codon sequences typically have rare codons (i.e., codons having a usage frequency of less than about 20% in known sequences of the desired host) replaced with higher frequency codons. Codon preferences for a specific organism may be calculated, for example, by utilizing codon usage tables available on the Internet at the following http address: [[~~www.~~]]dna.affrc.go.jp/~nakamura/codon.html. Nucleotide sequences that have been optimized for a particular host species by replacing any codons having a usage frequency of less than about 20% are referred to herein as "codon optimized sequences."

Please replace the paragraph on page 51, line 16 – page 52, line 3, with the following rewritten paragraph:

Cancer immunotherapy using anti-30P3C8 antibodies may follow the teachings generated from various approaches that have been successfully employed in the treatment of other types of

cancer, including but not limited to colon cancer (Arlen et al., 1998, Crit. Rev. Immunol. 18:133-138), multiple myeloma (Ozaki et al., 1997, Blood 90:3179-3186; Tsunenari et al., 1997, Blood 90:2437-2444), gastric cancer (Kasprzyk et al., 1992, Cancer Res. 52:2771-2776), B-cell lymphoma (Funakoshi et al., 1996, J. Immunother. Emphasis Tumor Immunol. 19:93-101), leukemia (Zhong et al., 1996, Leuk. Res. 20:581-589), colorectal cancer (Moun et al., 1994, Cancer Res. 54:6160-6166; Velders et al., 1995, Cancer Res. 55:4398-4403), and breast cancer (Shepard et al., 1991, J. Clin. Immunol. 11:117-127). Some therapeutic approaches involve conjugation of naked antibody to a toxin, such as the conjugation of ^{131}I to anti-CD20 antibodies (Coulter Pharmaceuticals, Palo Alto, Calif.), while others involve co-administration of antibodies and other therapeutic agents, such as ~~Herceptin™~~ HERCEPTIN® (trastuzumab), a humanized antibody that binds to the HER2/neu receptor, with paclitaxel (Genentech, Inc.). For treatment of prostate cancer, for example, 30P3C8 antibodies can be administered in conjunction with radiation, chemotherapy or hormone ablation.

Please replace the paragraph on page 54, lines 1-13, with the following rewritten paragraph:

Based on clinical experience with the ~~Herceptin~~ HERCEPTIN® (trastuzumab) mAb in the treatment of metastatic breast cancer, an initial loading dose of approximately 4 mg/kg patient body weight IV followed by weekly doses of about 2 mg/kg IV of the anti-30P3C8 mAb preparation may represent an acceptable dosing regimen. Preferably, the initial loading dose is administered as a 90 minute or longer infusion. The periodic maintenance dose may be administered as a 30 minute or longer infusion, provided the initial dose was well tolerated. However, as one of skill in the art will understand, various factors will influence the ideal dose regimen in a particular case. Such factors may include, for example, the binding affinity and half life of the Ab or mAbs used, the degree of 30P3C8 expression in the patient, the extent of circulating shed 30P3C8 antigen, the desired steady-state antibody concentration level, frequency of treatment, and the influence of chemotherapeutic agents used in combination with the treatment method of the invention.

Please replace the paragraph on page 62, lines 3-13, with the following rewritten paragraph:

Genetic immunization methods may be employed to generate prophylactic or therapeutic humoral and cellular immune responses directed against cancer cells expressing 30P3C8. Constructs comprising DNA encoding a 30P3C8 protein/immunogen and appropriate regulatory sequences may be injected directly into muscle or skin of an individual, such that the cells of the muscle or skin take-up the construct and express the encoded 30P3C8 protein/immunogen. Expression of the 30P3C8 protein immunogen results in the generation of prophylactic or therapeutic humoral and cellular immunity against prostate, pancreatic, colon, brain, bone, lung, kidney and/or bladder cancers. Various prophylactic and therapeutic genetic immunization techniques known in the art may be used (for review, see information and references published at Internet address [[~~www.~~]]genweb.com).

Please replace the paragraph on page 68, lines 10-16, with the following rewritten paragraph:

To determine expression levels of the 30P3C8 gene, 5 µl of normalized first strand cDNA was analyzed by PCR using 25, 30, and 35 cycles of amplification using the following primer pairs, which were designed with the assistance of (MIT; for details, see, Internet address [[~~www.~~]]genome.wi.mit.edu):

5′ - TGT ACA CAT TTA GCT TGT GGT -3′ (SEQ ID NO: 28)

5′ - GCC AGT TAT TTG CAA GTG GTA AGA G- 3′ (SEQ ID NO: 29)